

Van Meter Police Department Personal History Statement

FORM REVISED 8/28/09

Application for position of: Police Officer Civilian Staff (Check only one box) Date: _____

GENERAL INSTRUCTIONS: Hand-write or handprint an answer to every question. If the question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the number of that referenced block.

DO NOT MISSTATE OR OMIT material fact since the statements made herein are subject to verification to determine your qualifications for employment.

Last Name: _____ First Name: _____ Middle Name: _____

SS# _____ (attach a copy of your birth certificate)

Sex: _____ Date of Birth: _____ Place of Birth: _____

Alias/Maiden or Other Names Used: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Current Address: _____ U.S. Citizen? Yes No

E-Mail Address: _____

MARRIAGE STATUS

Are You? Married Single Separated Divorced Widowed

Spouse's Full (Maiden) Name: _____ Date of Birth: _____

Spouse's Address if Different From Yours: _____

Spouse's Cell Phone Number: _____ E-Mail Address: _____

Spouse's Employer: _____ Phone Number: _____

Date of Marriage: _____ Location: _____

List all former spouses with full name, date of birth, marriage dates, current address and phone numbers:

List all **children** and stepchildren:

<i>Full Name</i>	<i>Date of Birth</i>	<i>Address</i>	<i>Phone Number</i>

Are you required to pay **child support**? Yes No If so, how much? _____ per _____

Who are payments made to? _____

Are you delinquent? Yes No

List All Law Enforcement Agencies with Whom You Have Applied (City, County, State, Federal):

<i>Agency Name</i>	<i>City/State</i>	<i>Date of Application</i>	<i>Position</i>	<i>Status</i>

MILITARY STATUS

Have you served in the U.S. Armed Forces? Yes No If yes, attach photo static copy of discharge or separation papers.

While in the military service were you ever arrested for an offense which resulted in a trial by deck court or by summary, special or general court-martial? Yes No

If yes, give date, place, law enforcing authority or type of court or court-martial, charge and action taken for each incident, using separate sheet to record this information.

Are you presently a member of U.S. Reserve or National or State Guard organization? Yes No
If yes, complete the following:

<i>Grade and Service No.</i>	<i>Service and Component</i>		
<i>Organization and Station or Unit Location</i>	<i>Active</i> <input type="checkbox"/>	<i>Inactive</i> <input type="checkbox"/>	<i>Standby</i> <input type="checkbox"/>

Indicate Reserve Obligation, If Any:

Selective Service:

Selective Service No.	Last Classification	Date Classified
Local Board		

EDUCATION

List all elementary, junior high, and high schools attended. Attach transcript from last high school attended.

Name	Location	Dates Attended	Years Completed	Graduated	

Higher education: List information below for all colleges or universities attended. Attach certified transcript from last institution of higher education attended.

Name and location of college or university	Dates Attended		Credit Hours		Degree Rec'd	Year Rec'd
	To	From	Semester	Quarter		

Major and minor college courses:

Other schools or training (trade, vocational, business, or military): Give for each the name and location of school, dates attended, subjects studied, certificates, and any other pertinent data.

FOREIGN LANGUAGE

Enter foreign language and indicate your knowledge of each by placing "X" in proper column.

Language	Reading			Speaking			Understanding			Writing		
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair

VEHICLE OPERATOR'S LICENSE (DRIVER'S, CDL, ETC.) (ATTACH A COPY OF YOUR DL)

Give the following information concerning any vehicle operator's license you have held or now hold:

Kind of License	Place of Issue	Date of Expiration	Restrictions

Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? Yes No

Explain fully _____

EMPLOYMENT

Start with your current employer and list all employers for the last 10 years. It is your responsibility to provide valid phone numbers and complete addresses for each employer.

Employer Name: _____ Phone Number: _____

Start Date: _____ End Date: _____ Supervisor's Name: _____

Position held and duties: _____

Employer's address _____ City _____ State _____ Zip _____

Salary: _____ Reason for Leaving: _____

Employer Name: _____ Phone Number: _____

Start Date: _____ End Date: _____ Supervisor's Name: _____

Position held and duties: _____

Employer's address _____ City _____ State _____ Zip _____

Salary: _____ Reason for Leaving: _____

Employer Name: _____ Phone Number: _____

Start Date: _____ End Date: _____ Supervisor's Name: _____

Position held and duties: _____

Employer's address _____ City _____ State _____ Zip _____

Salary: _____ Reason for Leaving: _____

Employer Name: _____ Phone Number: _____

Start Date: _____ End Date: _____ Supervisor's Name: _____

Position held and duties: _____

Employer's address _____ City _____ State _____ Zip _____

Salary: _____ Reason for Leaving: _____

Employer Name: _____ Phone Number: _____

Start Date: _____ End Date: _____ Supervisor's Name: _____

Position held and duties: _____

Employer's address _____ City _____ State _____ Zip _____

Salary: _____ Reason for Leaving: _____

Employer Name: _____ Phone Number: _____

Start Date: _____ End Date: _____ Supervisor's Name: _____

Position held and duties: _____

Employer's address _____ City _____ State _____ Zip _____

Salary: _____ Reason for Leaving: _____

Employer Name: _____ Phone Number: _____

Start Date: _____ End Date: _____ Supervisor's Name: _____

Position held and duties: _____

Employer's address _____ City _____ State _____ Zip _____

Salary: _____ Reason for Leaving: _____

Employer Name: _____ Phone Number: _____

Start Date: _____ End Date: _____ Supervisor's Name: _____

Position held and duties: _____

Employer's address _____ City _____ State _____ Zip _____

Salary: _____ Reason for Leaving: _____

Have you ever been discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while in any position (except military)? Yes No If yes, state circumstances.

Have you ever resigned (quit) after being informed your employer intended to discharge (fire) you for any reason? Yes No If yes, explain, giving name and address of employer, approximate date, and reasons in each case.

ARREST, DETENTION, AND LITIGATION

Have you ever been arrested or detained by a law enforcement agency? Yes No

Have you been involved in any court action, Civil or Criminal? Include all traffic violations, parking, etc., in this state or elsewhere. Yes No

Have you ever been fingerprinted for any reason (arrest, job applicant, etc.)? Yes No

If the answer to any of the above questions is Yes, list below the date, place, and full details of each incident.

RESIDENCE HISTORY

List all residences for the past 10 years, beginning with your present address.

Month and Year		Street and Number	City	State or Country
From	To			

REFERENCES

List Credit References (Do not include relatives, former employers, or persons living outside the United States or its Territories). List only character references that have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors. List 3 credit references.

Name	Years Known	Address (Business Address Preferred)			
		Street	City	State	Zip

List Character References (Do not include relatives, former employers, or persons living outside the United States or its Territories). List only character references that have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors. List 5 character references.

Name	Years Known	Address			
		Street	City	State	Zip

PAST AND/OR PRESENT MEMBERSHIP IN JOB RELATED ORGANIZATIONS

You may omit those organizations that may indicate your race, religion, creed, color, national origin, sex, or age.

Name and Addresses	Office Held	Membership	
		From	To

HOBBIES AND SPORTS

Name	Length of Participation	Level of Proficiency

ORGANIZATIONS

Yes	No	
		Are you now or have you ever been a member of the Communist party U.S.A. or any Communist organization(s) anywhere?
		Are you now or have you ever been a member of a Fascist organization?
		Are you now or have you ever been a member of any organization, association, movement, group or combination of person which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by unconstitutional means?
		Are you now or have you ever been affiliated or associated with any organization of the type described above, as an agent, official, or employee?
		Are you associating with, or have you associated with any individuals, including relatives, who you know or have reason to believe are or have been members of any of the organizations identified above?
		Have you ever been engaged in any of the following activities of any organization of the type described above: Contribution(s) to, attendance at or participation, in any organizational, social, or other activities of said organization or of any projects sponsored by them; the sale, gift, or distribution of any written, printed, or other matter, prepared, reproduced, or published, by them or any of their agents or instrumentalities?

If yes, to any of the answers above, describe the circumstances. Attach additional sheets for a full detailed statement. If associated with any of these organizations, specify nature and extent of association with each, including office or position held, also include dates, places, and credentials now or formerly held. If associations have been with individuals who are member so these organizations, then list the individuals and the organizations with which they were or are affiliated.

Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon to take or which might require further explanation?

Yes No

If Yes, give details. _____

Would you be willing to take the required Polygraph (Lie Detector) examination concerning all information given on this application? Yes No

Have you used any illicit or illegal drugs in the past five years? Yes No

If so, explain. _____

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me above are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

I further agree and consent in advance to being summarily discharged without cause or hearing if any of the above information contains any misrepresentation or falsification or if any material information has been omitted.

Date

Signature of Applicant